Name: Thomas Jefferson | DOB: 5/14/1961 | MRN: 11525794 | PCP: Steven R Blasi, DO

Progress Notes

Robert E. Wilson, DO at 12/3/2021 9:00 AM

Subjective:

60-year-old male referred for initial consultation at the request of Dr. Camici. Patient has a chief complaint back pain rating down his legs. Patient notes he said intermittent chronic back pain in the past however on August 23, 2021 he was lifting a heavy object at work developed severe back pain rating down his legs. His pain today is a 7/10 at worst a 10/10. The pain is described as an achy throbbing pain the pain is worse with prolonged standing walking bending improves with standing walking bending he has numbness weakness in the legs his right leg is worse than his left leg.

Patient was seen by Dr. LOquidice 24 2021. He was diagnosed with lumbar DDD facet arthropathy. Patient subsequent is referred to Dr. Troy Wood from physiatry on 9/2/2021. Patient was diagnosed with acute on chronic back pain. Patient was started on PT prednisone taper muscle relaxants. Patient went on to have a right L4 and left L2 transforaminal nerve root injection on 9/24/2021 by Dr. Wood. The patient continued to have pain and was seen by Dr. Camici from neurosurgery. Patient was recommended to have a discogram in anticipation of a lumbar fusion.

Treatment he has had include
Physical therapy 9 21-2 present
NSAIDs: No relief
Prednisone: Short-term relief
Flexeril: Short-term relief
Right L4 left L3 transforaminal nerve root injection 9/24/2021 no relief

MRI was reviewed below that reveals multilevel degenerative disc disease with L4-5 disc protrusion with moderate severe stenosis. At L5-S1 there is in the left-sided disc protrusion with mild to moderate foraminal narrowing.

MRI 10/18/2021
IMPRESSION:

Marked levoscoliosis with degenerative disc protrusions, spurring, posterior epidural lipomatosis, and hypertrophy in the posterior elements resulting in central canal and foraminal narrowing is summarized below:

L2-3 with intact central canal. Mild to moderate bilateral foraminal narrowing.

L3-4 with mild central canal narrowing. Mild to moderate foraminal narrowing on
the right, left-sided foramen patent.

L4-5 with disc protrusion encroachment on the descending right L5 nerve groove.
Moderate to severe central canal stenosis. Severe foraminal stenosis on the right, mild narrowing on the left.

L5-S1 with left parasagittal protrusion abutting the descending left S1 nerve root. Mild central canal narrowing. Severe foraminal stenosis on the left, mild
to moderate narrowing on the right.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Review of Systems
Constitutional: Negative for appetite change, chills, diaphoresis, fatigue and fever.
HENT: Negative for hearing loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain and leg swelling.
Gastrointestinal: Negative for abdominal pain and constipation.
Endocrine: Negative for polyuria and excessive sweating.
Genitourinary: Negative for dysuria.
Musculoskeletal: Positive for back pain.
Skin: Negative for rash.
Neurological: Positive for weakness. Negative for confusion and dizziness.

Objective:
BP 143/89 | Pulse 69 | Temp 98 °F (36.7 °C) (Temporal) | Ht 1.727 m (5' 8") | Wt 95.3 kg (210 lb) | SpO2 95% | BMI 31.93 kg/m²

Physical Exam
HENT:
Head: Normocephalic and atraumatic.
Mouth/Throat:
Mouth: Oropharynx is clear and moist.
Pharynx: Uvula midline.
Eyes:
General: No scleral icterus.
Extraocular Movements: EOM normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Comments: **Deferred due to COVID-19**

Pulmonary:

Comments: **Deferred due to COVID-19**

Abdominal:
Comments: **Deferred due to COVID-19**

Skin:
Findings: No bruising, petechiae or rash.
Nails: There is no clubbing.

Psychiatric:
Attention and Perception: Attention and perception normal.
Mood and Affect: Mood and affect normal.
Speech: Speech normal.
Behavior: Behavior normal. Behavior is cooperative.
Thought Content: Thought content normal.
Cognition and Memory: Cognition and memory normal.

Neurologic Exam

Mental Status
Speech: speech is normal

Cranial Nerves

CN III, IV, VI
Pupils are equal, round, and reactive to light.
Extraocular motions are normal.

Back Exam

Comments: No SI joint tenderness negative Gaenslen's test
No facet pain with facet loading

Assessment/Plan:
DDD (degenerative disc disease), lumbar
- AMB REF LVPG PROCEDURE SUITE-HAUSMAN ROAD

Lumbar radiculopathy
- AMB REF LVPG PROCEDURE SUITE-HAUSMAN ROAD

Patient presents today with history of chronic back pain. His pain has been worse since a work accident 8/23/2021.

Patient's MRI demonstrates multiple degenerative disc disease.

Name: Thomas Jefferson | DOB: 5/14/1961 | MRN: 11525794 | PCP: Steven R Blasi, DO

Progress Notes

Linda M Neri, PT at 11/16/2021 4:00 PM

Outpatient Physical Therapy Encounter Note

Subjective

Patient reports complaints show no change. Pt states he has gotten minimal relief from low back pain since ESI on Thursday however he still c/o constant pain down b/l LE; he is going for a discogram next week
Pain level prior to session is 4/10.
Pain level after session is 2/10.
Patient reports medication changes since last session: No

Objective

Time In: 1515 Time Out: 1605 Total Session Time: 50 mins.
Details of today's session are found in the scanned Encounter Log.

Interventions:
Skilled interventions administered to address: motion limited by pain, decreased strength, stability with standing activities, standing tolerance/endurance, functional limitations restricting ADLs, functional limitations restricting work performance
Type of Session: PT Treatment
Therapeutic exercise (mins.): 25

Modalities:
Modalities applied to address: symptom localization/centralization
Mechanical traction (mins.): 15

Objective changes: Added quadruped alt arm/leg; pelvic press shoulder retraction/extension; prone hip ext with pelvic press

Assessment

Response to today's treatment: Fair.he has good understanding of spine neutral in quadruped; he had no additional pain with new exercises; he was able to keep spine stabilized with alt arm/leg in quadruped; he had no pain with pelvic press with hip ext today; pt feels relief while on traction and immediately thereafter
Patient requires continued skilled intervention for lumbar traction, improving pain and function
.Progress toward current goals is demonstrated by-no change in function reported
Patient's compliance with therapy is good with consistent follow-through.
The patient demonstrated/verbalized understanding of the exercises presented today.

Plan of Care

Continue current plan of care. Continue with traction and quadruped with spine neutral

Therapist: Linda M Neri, PT PA: PT010829L

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Progress Notes

Troy R Wood, MD at 9/2/2021 8:00 AM

Thomas Jefferson "Thomas Jefferson" 60 y.o. male presents 9/2/2021 for evaluation of low back pain.

Patient states that on 8/23/21, while working he tripped over an dike wall and began to fall forward into a platform, and fell down onto the ledge fro of a rock m 3 feet high the patient estimates. He states that he could not stand back up, and was taken to LVHN Pocono ED, by ambulance. He states that he has radiating pain down both leg laterally, and anteriorly. He states that he has weakness, and numbness, and tingling in both legs.

He has had 2 epidurals in 2020, and states that the first one really did not help, but the second one, he states that he had about a 60% improvement, and it lasted for about 3 months. He states that he had PT in the past, stating it was helpful, and was doing HEP, until he was injured. He would like to discuss treatment option, manly surgery.

Patient was referred by Dr. Loguidice

Work Comp Case D.O.I. 8/23/21-Patient has been out of work since 8/23/21.

Review of Systems
Constitutional: Negative.
HENT: Positive for sinus pressure.
Vision: Negative.
Respiratory: Positive for dyspnea with exertion and elevate head to sleep.
Cardiovascular: Positive for chest pain.
Gastrointestinal: Negative.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Positive for back pain, joint pain, joint stiffness, joint swelling, muscle weakness and neck pain.
Skin: Negative.
Allergic/Immunologic: Negative.
Neurological: Positive for headaches, tingling arms/legs and weakness.
Hematological: Negative.
Mental Health: Positive for nervous/anxious. The patient is nervous/anxious.
Answers for HPI/ROS submitted by the patient on 8/31/2021
Negative for breast symptoms : Yes
myalgias: Yes
Easily tearful: Yes

Pain Location: Low back
Pain Quality: sharp, throbbing, aching, radiating and numbing/tingling
Pain Intensity:
6/10 at currently
3/10 at best
10/10 at its worst

Alleviating factors: changing positions

Exacerbating factors: twisting, going from a sitting to standing position

Medications:
Current: Celebrex 200 mg 1 capsule a day
Previous: N/A
Current treatments:
no treatment

Past Treatments:
10/6/20 left L4-L5 TF ESI (Dr. Qureshi)
3/7/20 left L3-S1 facet injection
8/15/16-9/22/16 PT CS (5 sessions)
2010 PT LS

Imaging:
8/23/21 CT LS-Impression: 1. No evidence of acute fracture or subluxation of the lumbar spine.
Degenerative spondylosis as described above. For further sensitivity and evaluation of disk disease, an MRI of the lumbar spine should be considered for
follow-up.

2. 6 mm nonobstructive right nephrolithiasis.
2/3/20 MRI LS-Impression: 1. Possible dilation of the common duct or pancreatic duct seen on the
superior axial images, incompletely assessed/visualized on the current study (series 5 image 1). Rounded areas of predominantly high signal intensity noted at the upper interpolar regions of the right and left kidney partially imaged on the superiormost axial images (series 5 image 1 through 3), suboptimally characterized due to extensive motion and pulsation artifact. Correlate with results of reported reported recent MRI imaging of the abdomen.
2. Transitional anatomy at the lumbosacral junction. This report assumes 5 lumbar type vertebral bodies, with partial "lumbarization" of the vertebral body labeled S1. Similar numbering is visualized on the prior MRI from 2016. If surgery/intervention is considered, correlate this report and its labeling with intraoperative lateral localizing radiographs.
3. Interval progression of disc disease at multiple levels, most pronounced as follows:

L2-L3: Small broad-based disc protrusion extending into the bilateral paracentral regions, eccentric towards the left neural foramen with mild superior/inferior migration, new/progressive compared with the prior study, with superimposed annular fissure extending into the extraforaminal region (series 3/4 image 1 through 3). Disc abuts the traversing left L3 nerve root in the thecal sac, new compared with the prior study. Minimal narrowing of the left neural foramen, and the disc and annular fissure approximating and likely abutting or compressing the exiting left L2 nerve root in the extraforaminal region, not identified on the prior study.

3. Interval progression of disc disease at multiple levels, most pronounced as follows:

L2-L3: Small broad-based disc protrusion extending into the bilateral paracentral regions, eccentric towards the left neural foramen with mild superior/inferior migration, new/progressive compared with the prior study, with superimposed annular fissure extending into the extraforaminal region (series 3/4 image 1 through 3). Disc abuts the traversing left L3 nerve root in the thecal sac, new compared with the prior study. Minimal narrowing of the left neural foramen, and the disc and annular fissure approximating and likely abutting or compressing the exiting left L2 nerve root in the extraforaminal region, not identified on the prior study.

L3-L4: Small broad-based disc protrusion extending into the bilateral paracentral regions, eccentric towards the left extraforaminal region with mild superior/inferior migration measuring up to 10 mm, and small annular fissure on the left again noted. A tiny inferiorly migrating right paracentral component is inseparable from and likely indents or compresses the traversing right L4 nerve root (series 5/7 image 14), with equivocal slight progression. Abutment of the traversing left L4 nerve root on the current study. Mild to moderate narrowing of the right neural foramen, slightly progressive compared with the prior study. Mild narrowing of the left neural foramen, and the disc and annular fissure likely abut or minimally impinge on the exiting left L3 nerve root in the extraforaminal region, without appreciable change.

L4-L5: Moderate-sized broad-based disc protrusion/extrusion extending into the bilateral paracentral regions and neural foramina with mild to moderate superior migration on the right again noted measuring up to 9 mm (series 3/6 image 11), indenting/compressing the exiting right L4 nerve root in the extraforaminal region. Mild to mild/moderate narrowing of the thecal sac more pronounced than the right, progressive compared with the prior study with interval progressive indentation/compression of the traversing right L5 nerve root (series 5 image 18). Severe narrowing of the right neural foramen again noted with indentation/compression of the exiting right L4 nerve root. Moderate narrowing of the left neural foramen with equivocal progression. Near abutment of the exiting left L4 nerve root in the extraforaminal region.

L5-S1: Small to moderate broad-based disc protrusion/extrusion eccentric towards the left neural foramen and extraforaminal region with mild superior/inferior migration, progressive compared with the

prior study. Focal area of low signal intensity in the left paracentral region and inseparable from and abutting and possibly minimally compressing the traversing left S1 nerve root (series 5/7 image 24/25), possibly new compared with the prior study. Minimally progressive narrowing of the thecal sac. Mild narrowing of the right neural foramen with minimal interval progression. Moderate to severe narrowing of the left neural foramen, progressive compared with the prior study with extensive effacement of the fat and indentation/compression of the exiting left L5 nerve root in the neural foramen/exit zone, more pronounced compared with the prior Study.

4. Interval progression of marrow edema-like signal in the posterior elements adjacent to the level of L5-S1, and progressive disc disease at the level of L5-S1. Marrow edema involving the posterior elements including the pedicle/pars interarticularis of L5 on the left (series 4 image 3 through 5), and at the posterior/superior aspect of the sacrum on the left greater in degree/extent. Progressive areas of adjacent soft tissue swelling, and adjacent changes of facet arthropathy are progressive. These findings may be seen with stress related marrow signal changes/stress reactions, and assessment for small areas of cortical deformity/step-off is somewhat limited given the extensive sclerosis on the T1-weighted images.

Neurologic symptoms:

weakness in right leg and weakness in left leg
numbness/tingling in right leg and numbness/tingling in left leg
No bowel/bladder symptoms

History reviewed. No pertinent past medical history.

Past Surgical History:

Procedure	Laterality	Date
• KNEE SURGERY		
• SHOULDER SURGERY		

No family history on file.

Social History

Socioeconomic History

- Marital status: Married (Including Same Sex)
  Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Former Smoker
- Smokeless tobacco: Never Used
- Tobacco comment: Quit 30 years ago

Vaping Use
- Vaping Use: Never used

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Not on file

Other Topics	Concern
• Bike Helmet	Not Asked
• Safe at home	Not Asked
• Sun Exposure	Not Asked
• Seat Belt	Not Asked
• Guns at Home	Not Asked
• Testicular Self-Exams	Not Asked
• Exercise	Not Asked
• Radon in the house?	Not Asked
• Dental Care	Not Asked
• Health Club Member	Not Asked
• Carbon Monoxide Detectors at home	Not Asked
• Blood Transfusions	Not Asked
• Special Diet	Not Asked
• Smoke Detectors at home	Not Asked
• Have tattoos	Not Asked
• Caffeine Concern	Not Asked
• Hobbies/Activities	Not Asked
• Travel outside U.S.	Not Asked
• Lives alone	Not Asked
• Military Service	Not Asked

Social History Narrative
- Not on file

Social Determinants of Health

Financial Resource Strain:
- Difficulty of Paying Living Expenses: Not on file

Food Insecurity:
- Worried About Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:
- Lack of Transportation (Medical): Not on file
- Lack of Transportation (Non-Medical): Not on file

Physical Activity:
- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file

Stress:
- Feeling of Stress : Not on file

Social Connections:
- Frequency of Communication with Friends and Family: Not on file
- Frequency of Social Gatherings with Friends and Family: Not on file
- Attends Religious Services: Not on file
- Active Member of Clubs or Organizations: Not on file

- Attends Club or Organization Meetings: Not on file
- Marital Status: Not on file

Intimate Partner Violence:

- Fear of Current or Ex-Partner: Not on file
- Emotionally Abused: Not on file
- Physically Abused: Not on file
- Sexually Abused: Not on file

No Known Allergies

Physical exam:

Vitals:

	09/02/21 0815
BP:	**(!) 122/96**
Pulse:	70
Resp:	18
SpO2:	99%

Physical Exam

Musculoskeletal:

Lumbar back: Tenderness present. Decreased range of motion. Negative right straight leg raise test and negative left straight leg raise test.

Neurological:

Gait: Gait abnormal.

Deep Tendon Reflexes: Strength normal.

Reflex Scores:

Brachioradialis reflexes are 2+ on the right side and 2+ on the left side.

Patellar reflexes are 2+ on the right side and 2+ on the left side.

Neurologic Exam

Motor Exam

Strength
Strength 5/5 throughout.

Sensory Exam
Right arm light touch: normal
Left arm light touch: normal
Right leg light touch: normal
Left leg light touch: normal

Gait, Coordination, and Reflexes

Reflexes
Right brachioradialis: 2+
Left brachioradialis: 2+
Right patellar: 2+
Left patellar: 2+
Right Hoffman: absent

Left Hoffman: absent
Right ankle clonus: absent
Left ankle clonus: absent

Assessment and Plan:
Assessment/Plan

1. Acute on chronic low back pain, lumbar radiculopathy.

8/23/2021 lumbar CT report reviewed. February 2020 LS MRI report reviewed (images not available). MR report notable for multilevel nerve root compression of L4, L5, S1 nerve roots. Patient currently complaining of increase of his usual back pain with increase of leg pain and L4 distribution. Exam is nonconcerning, neurologically intact.

Plan was made to start PT. Start prednisone 70 mg taper, Flexeril for as needed use.

The patient's reported mechanism of the injury and objective findings are consistent. That Worker's Comp. incident in question is likely exasperation of prior lumbar spine issues. Light duty recommended. We will follow up in 2 to 3 weeks.

Scribe Attestation: By signing my name below, I, Lisa M Gohn attest that this documentation has been prepared under the direction and in the presence of Troy R Wood, MD.
Electronically signed: Lisa M Gohn (Scribe) 9/2/2021 8:23 AM
Physician Attestation: I, Troy R Wood, MD, personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete.
Troy R Wood, MD 9/2/2021 11:22 AM

Patient has no signs of myofascial pain facet pain or SI joint pain
Patient has failed NSAIDs, muscle axis, oral steroids, physical therapy, heat and ice.
Patient had no relief from selective nerve root injections
Patient has no red flags
Patient is on no opioid analgesics
No signs of central pain syndrome central disc herniation.

I would recommend a provocative discography at the L2-3, L3-4, L4-5, L5 insulin level in anticipation of spinal fusion by Dr. Camici. All risk versus benefits screen the patient. Patient will need to be n.p.o. after midnight. He will need to take his own medication sips of water.

He will continue his chronic care with Dr. Troy Wood from physiatry. All questions were answered.

Medical Decision Making:
Established diagnosis: Lumbar degenerative disc disease lumbar disc protrusion
New diagnosis:

Risk:
Patient moderate risk due to failure to improve with conservative therapy

Diagnosis or treatment options:
Medications: None
Interventional Procedures: L2-3 L3-4 L4-5 L5-S1 discogram
Diagnostic Testing: As above
Referrals: None
Physical Therapy: Previously failed

Data:
Body pain diagram was reviewed and discussed with the patient which showed: Back pain rating down his legs
Medication list was reviewed and updated
All pertinent labs/images/tests/notes were reviewed with pt during gathering of HPI and all questions were answered.

Follow Up:
Lumbar discogram.

Patient Instructions